

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S. Z		12-24-01
O.I.P.E. CLASSIFIER			12-14-01
FORMALITY REVIEW	EP	1125	12/17/01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	

Claim	Date
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

Claim	Date
101	
102	
103	
104	
105	
106	
107	
108	
109	
110	
111	
112	
113	
114	
115	
116	
117	
118	
119	
120	
121	
122	
123	
124	
125	
126	
127	
128	
129	
130	
131	
132	
133	
134	
135	
136	
137	
138	
139	
140	
141	
142	
143	
144	
145	
146	
147	
148	
149	
150	

BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

(LEFT INSIDE)

**This Page is Inserted by IFW Indexing and Scanning  
Operations and is not part of the Official Record**

## **BEST AVAILABLE IMAGES**

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>BLACK BORDERS</b>                              | <input type="checkbox"/> <b>BLACK BORDERS</b>   |
| <input type="checkbox"/> <b>IMAGE CUT OFF AT TOP, BOTTOM OR SIDES</b>                 | <input type="checkbox"/> <b>IMAGE CUT OFF AT TOP, BOTTOM OR SIDES</b>                 |
| <input type="checkbox"/> <b>FADED TEXT OR DRAWING</b>                                 | <input type="checkbox"/> <b>FADED TEXT OR DRAWING</b>                                 |
| <input type="checkbox"/> <b>BLURRED OR ILLEGIBLE TEXT OR DRAWING</b>                  | <input type="checkbox"/> <b>BLURRED OR ILLEGIBLE TEXT OR DRAWING</b>                  |
| <input type="checkbox"/> <b>SKewed/SLANTED IMAGES</b>                                 | <input type="checkbox"/> <b>SKewed/SLANTED IMAGES</b>                                 |
| <input type="checkbox"/> <b>COLOR OR BLACK AND WHITE PHOTOGRAPHS</b>                  | <input type="checkbox"/> <b>COLOR OR BLACK AND WHITE PHOTOGRAPHS</b>                  |
| <input type="checkbox"/> <b>GRAY SCALE DOCUMENTS</b>                                  | <input type="checkbox"/> <b>GRAY SCALE DOCUMENTS</b>                                  |
| <input type="checkbox"/> <b>LINES OR MARKS ON ORIGINAL DOCUMENT</b>                   | <input type="checkbox"/> <b>LINES OR MARKS ON ORIGINAL DOCUMENT</b>                   |
| <input type="checkbox"/> <b>REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY</b> | <input type="checkbox"/> <b>REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY</b> |
| <input type="checkbox"/> <b>OTHER: _____</b>  | <input type="checkbox"/> <b>OTHER: _____</b>  |

**IMAGES ARE BEST AVAILABLE COPY.**

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.

**IMAGES ARE BEST AVAILABLE COPY.**

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.